Connecticut's Legislative
Commission on Aging
A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

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Human Services Committee
Public Hearing 2/26/15

Testimony of Julia Evans Starr
Executive Director, Connecticut's Legislative Commission on Aging

Senator Moore, Representative Abercrombie and esteemed members of the Human Services Committee, my name is Julia Evans Starr, and I am the Executive Director for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on HB 6846, An Act Implementing the Governor's Budget Recommendations for Human Services Programs.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy and research office of the General Assembly, devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

Our testimony contains information on the impact of reductions in aging-related, programmatic funding. It is worth noting that though we are focusing on older adults, the reductions proposed are a shared experience spanning all ages and several state departments.

Section 1 (14): Eliminates State Support for Pilot Community Ombudsman Program ~ CoA Informs / Expected savings: $28,015 in both fiscal years.
Mandated by the federal Older Americans Act, the Long-Term Care Ombudsman Program (LTCOP) safeguards the rights and quality of life for residents of skilled nursing facilities, residential care homes and assisted living. This funding represented part of an effort to align the work of the LTCOP policy, programmatic and funding with home and community based support (HCBS). In doing so, the state legislature in PA 13-234 established a pilot in Hartford to have the LTC Ombudsman available in the community and appropriated $26,000 in funding for the pilot. Though efforts were underway to establish this pilot, the funds were not released by the executive branch due to the hiring freeze. The LTC Ombudsman does not have the capacity to staff this pilot without these funds. Federal funds for the LTC Ombudsman program are restricted and are not allowed to be used for community based ombudsman services.

Section 18 ~ CoA Opposes

For the past several years, the state of Connecticut has been clear and consistent about its commitment to "rebalancing" long-term services and supports. The State's LTC Plan, the Governor's 2013 Rebalancing Plan and related initiatives and policies seek to grant people of all ages choice is where and how they receive services and supports. We know through research and otherwise that the vast majority of people want to remain in their homes and communities. (I serve as Co-chair of the LTC Advisory Council and served 4 years as Chair of the Money Follows the Person Steering Committee.) This has been our highest priority for these past several years. Therefore, **we strongly oppose restrictions to the Connecticut Home Care Program for Elders, the premiere diversion (to nursing homes) program in Connecticut.**

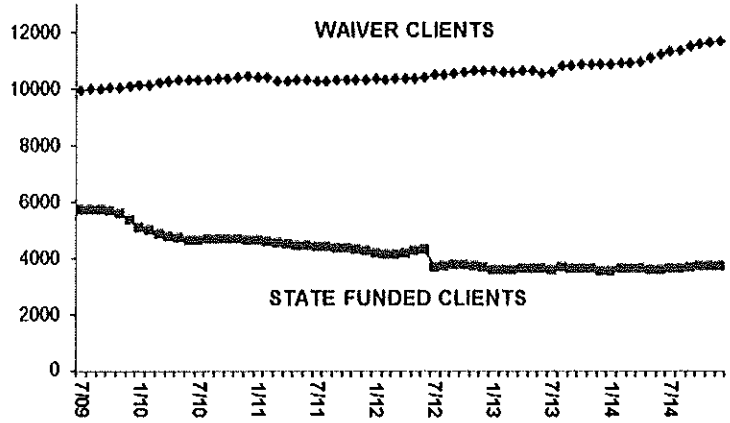
- **Increases the Cost Sharing under the State-Funded Connecticut Home Care Program (CHCPE)** $2,800,000 & $3,000,000. This increases the client cost-share from 7% to 15%. (Background: *PA 09-5, September special session, introduced a client cost sharing requirement of 15% of the cost of care under the state-funded CHCPE program. This requirement was reduced to 6% under PA 10-179 and then increased to 7%.)*

  Impact: All 3,700 people who are presently state-funded CHCPE participants and future eligible applicants would be subject to a co-pay that doubles in amount. However, we have the benefit of learning from past experience. When the co-pay of 7% initially was implemented it had a chilling effect on the program. As reported by the access agencies (eg: the community contractors of CHCPE), hundreds of older adults dropped from the program as they were unable to afford the co-pay. For others it meant significantly reducing their care plans of services to bring down the amount that they would have to pay. In doing so, clients received less support and providers such as adult day centers (ADC), were profoundly impacted. As a more intensive (costly) service of CHCPE, ADC was often dropped from the care plan (not out of need but due to financial necessity) to reduce cost to the individual.

- **Freeze Intake to Category 1 of the State-Funded Connecticut Home Care Program (CHCPE)** $1,800,000 & $5,600,000 *The state-funded CHCPE provides home and community-based services to older adults who are at risk of nursing home placement and meet the program's financial eligibility criteria. Category 1, older adults who are at risk of hospitalization or short-term nursing facility placement but not frail enough to require long-term nursing facility care.*

  Impact: There are presently 1,120 people 65 years of age and older on CHCPE Category 1 (who are grandfathered in). This impacts anyone potentially eligible (no new applicants). Closing intake and access to people who are clearly functionally and financially in need but not at "nursing home level of care" seems unwise, unkind and directly in opposition with the state's commitment toward home and community based services. The implications of going without care could be devastating to older adults and lead to more costly care such as nursing home admissions, ER visits and hospitalizations. Further, there is a recoupment aspect to

the program, which diminishes a large portion of the savings associated with this proposal.



Note the casemix trajectory in the chart above provided by DSS. The number of state funded clients dropped precipitously with the cost-share.

Section 20 & 21 – CoA Opposes

- **Reduce the Personal Needs Allowance (PNA) for Residents of Long-Term Care Facilities from $60 to $50.** -$1,000,000 both years. *Social Security and other income received by nursing home residents are applied towards the cost of care except for a monthly PNA. Residents use funds for such items as clothing, grooming, personal phone and entertainment. (Background: In 1998, CT increased the PNA from the federal minimum of $30 to $50 per month and provided for annual updates equal to the inflation adjustment in Social Security income. Resultantly, the state's PNA was $69 per month in FY 2010. PA 11-44 reduced this amount to $60 and eliminated the indexing.)*
  Impact: This would affect 70% of all nursing home residents in the state. As expressed by the residents themselves, this reduction would diminish their quality of life.

Section 22 – CoA Opposes

- **Require Dually Eligible Clients to Cover All Medicare Part D Co-Payments** - $80,000 & $90,000. *Currently, persons dually eligible for Medicare and Medicaid who are not receiving home and community-based services under Medicaid are responsible for paying up to $15 per month in Medicare co-pays for Part D-covered drugs, with the state covering any costs that exceed this amount. The co-payments per prescription range from $1.20 to $6.60 in 2015.*
  Impact: There are 57,000 people who are dually eligible (minus 11,700 people who are on the CHCPE waiver) that this would impact. These older adults are both of modest means and of poor health (on multiple prescriptions). Further, this would compound an inequity as Medicaid-only individuals at the same income level, who have their drugs covered through Medicaid, continue to have no drug copays.

Section 26 (e) ~ CoA Supports

- **Notification by a Nursing Facility to the Resident and DSS about potential options.** This proposal requires that nursing homes educate nursing home residents who may be eligible for Medicaid within the next 180 days that Medicaid can pay for their care in the community. It also requires the nursing home to alert DSS to these individuals. The 180 days was selected as it represents the average time it takes to help an individual "transition" out of a nursing home and back into the community (under Money Follows the Person). For those eligible for Money Follows the Person, the state would receive an enhanced match. The LTSS landscape is changing very quickly. The delivery of objective and pragmatic information is key to empowering older adults and persons with disabilities about their options.